



Clinical Edit Criteria Proposal

Drug/Drug Class: 15 Day Limitation Clinical Edit
Implementation Date: February 16, 2005
Prepared for: Missouri Medicaid
Prepared by: Heritage Information Systems, Inc.

☒ New Criteria

☐ Revision of Existing Criteria

Executive Summary

Purpose: Control cost of expensive drug therapies by setting a days supply limitation for newly initiated drug therapies. Limiting the supply of these expensive medications at the point the initial prescription claim is presented reduces the program cost for therapies that are discontinued or changed within the first few weeks of therapy.

Why was this Issue Selected: Initiation of certain drug therapies closely associated with treatment failures due to ADE/ADR, change in patient's medical condition, and patient compliance, can be costly to a prescription drug benefit program. In most cases, new drug therapy failures are seen within the first two weeks of therapy initiation. By limiting the prescription supplies of newly prescribed products that are expensive and prone to treatment failure, State Medicaid programs can reduce the cost associated with drug therapies that fail.

Program-specific information: **Drug**
Prescription claims for drug products in which the calculated allowed amounts exceed \$150.00

Setting & Population: Fee-for-service Medicaid patients

Type of Criteria: ☒ Increased risk of ADE
☐ Appropriate Indications

☐ Non-Preferred Agent

☐

Data Sources: ☒ Only administrative databases

☐ Databases + Prescriber-supplied

Setting & Population

- Drug class for review: Prescription claims exceeding a calculated allowed amount of \geq \$150.00
- Age range: All ages
- Gender: Male and female

Approval Criteria

- 1) Prescription claim with a calculated allowed amount of less than \$150.00, and
- 2) Prescription claim with a supply of less than, or equal to 15 days
- 3) Prescription claim for a product with the same Specific Therapeutic Class Code (GC3/HIC3) as a product in the patient's most recent 12 months of paid drug claim history.

Denial Criteria

- 1) Prescription claim for a non-excluded product in which the calculated allowed amount exceeds \$150.00, and
- 2) The quantity of prescription product > 15 days supply, and
- 3) Patient's drug claim history does not show a paid claim in the past 12 months for a product of the same Specific Therapeutic Class Code (GC3/HIC3).

Disposition of Edit

- **Denial:** Exception Code "712" (Exceeds Initial Therapy Limitation)

DUR Message

The client would like the edit to post a DUR message of "THIS CLAIM EXCEEDS THE 15 DAY SUPPLY LIMITATION". The message would be sent in the DUR message field used by the ProDUR system.

Appendix

The following table contains the Product descriptions and their HIC3 Codes used to group for claim history review:

HIC3 Code	Product Description	Phase
H7T	Zyprexa IM and Tabs (Olanzapine)	1
H7T	Seroquel Tablets (Quetiapine)	1
H7T	Risperdal Tablets (Risperidone)	1
H7T	Geodon Capsules (Ziprasidone HCL)	1
H7T	Risperdal Consta (Risperidone Microspheres)	1
H7T	Clozaril Tablets (Clozapine)	1
H7T	Geodon IM (Ziprasidone Mesylate)	1